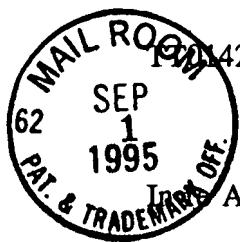


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190142C / 27740-00031

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Application of:
Bowles et al.

Examiner: Ray

Art Group: 2305

Serial No.: 08/346,834

Filed: November 30, 1994

Title: INTERRUPT MASK DISABLE CIRCUIT AND METHOD

Date: August 29, 1995

Assistant Commissioner for Patents
Commissioner of Patents and Trademarks
Washington, D.C. 20231

CERTIFICATE OF MAILING

Date of Mailing: August 29, 1995

I hereby certify that this correspondence is being deposited with
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Sir:

Transmitted herewith is an Amendment in the above-identified Application.

No additional fee is required.

The fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	11	- 19	= 0	x 22 =	\$ 00.00
Indep.	3	- 3	= 0	x 76 =	\$ 00.00
1st Presentation of Multiple Dep. Claim				x 240 =	\$
				TOTAL	\$ 00.00

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 10-0447.

A duplicate of this sheet is enclosed.

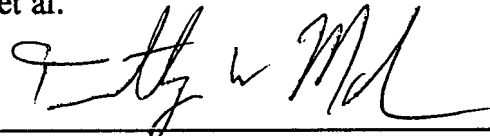
Any additional filing fees required under 37 CFR § 1.16.

Any patent application processing fees under 37 CFR § 1.17.

RESPECTFULLY SUBMITTED,

Bowles et al.

By:



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